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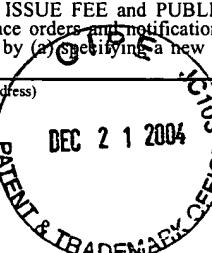
**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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26822 7590 12/03/2004

**WALTER A. HACKLER  
2372 S.E. BRISTOL, SUITE B  
NEWPORT BEACH, CA 92660-0755  
12/23/2004 MWOLDGE2 00000016 10073372**

01 FC:1501	1400.00 OP
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<b>WALTER A. HACKLER</b>	(Depositor's name)
	(Signature)
<b>DECFMBFR 17, 2004</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/073,372	01/25/2002	Kenneth E. Kadziauskas	2783	4335

TITLE OF INVENTION: PULSED VACUUM AND/OR FLOW METHOD AND APPARATUS FOR TISSUE REMOVAL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	03/03/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
FOREMAN, JONATHAN M	3736	600-565000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**
2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 WALTER A. HACKLER  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**ADVANCED MEDICAL OPTICS**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**SANTA ANA, CALIFORNIA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

- Issue Fee  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-0114 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date DECEMBER 17, 2004

Typed or printed name WALTER A. HACKLER

Registration No. 27,792

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**(37 C.F.R. 1.311)**

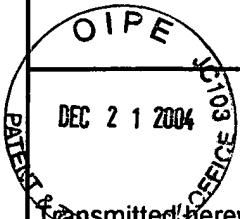
Docket No.

2783

Applicant(s): KENNETH E. KADZIAUSKAS; PAUL W. ROCKLEY; MARK S. COLE

Application No. 10/073,372	Filing Date 01/25/2002	Examiner FOREMAN, JOHNATHAN	Customer No. 26822	Group Art Unit 3736	Confirmation No. 4335
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Invention: **PULSED VACUUM AND/OR FLOW METHOD AND APPARATUS FOR TISSUE REMOVAL**



**Mail Stop Issue Fee  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Transmitted herewith are the following for the above-identified application.

- Issue Fee Transmittal Form PTOL-85
- Utility Fee: \$ 1400.00       Design Fee: \_\_\_\_\_       Plant Fee: \_\_\_\_\_
- Publication Fee: \$ 300.00
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*[Signature]*

Dated: **DECEMBER 17, 2004**

**WALTER A. HACKLER, Ph.D.**  
**PATENT LAW OFFICE**  
**2372 S.E. BRISTOL STREET, SUITE B**  
**NEWPORT BEACH, CALIFORNIA 92660-0755**

**TEL: (949) 851-5010**  
**FAX: (949) 752-1925**

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**WALTER A. HACKLER**

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